

Washington State Board of Health

1321

PLACE OF DEATH
 County of **SNOHOMISH, WASH.**
 City or Town of **SNOHOMISH, WASH.**

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Record No.
 Registered No. **43**

Registration Dist. No. **R-7** No. **100**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME **Harry Libby**
 (a) Residence No. **100** **100** **100** **St.**
(Usual place of abode)
 (b) If non-resident, give city or town, and state
 (c) How long in Registration Dist. yrs. mos. ds.; how long in U. S. if of foreign birth yrs. mos. ds.

Personal and Statistical Particulars

3. Sex Male	4. Color or Race Indian	5. Single, Married, Widowed or Divorced (Write the word) Single
6. (a) If married, widowed or divorced: Husband of _____ or Wife of _____		
6. Date of birth Nov. 24th 1899 <small>(Month) (Day) (Year)</small>		
7. Age 23 yrs. 11 mos. 13 ds. hrs. or min.		
8. Occupation of deceased: (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. Birthplace (City or town) Des Moines <small>(State or country) Wash.</small>		
PARENTS	10. Name of Father William Libby	
	11. Birthplace of Father (City or town) (State or Country)	
	12. Maiden name of Mother Elizabeth J. Libby	
13. Birthplace of Mother (City or town) (State or Country)		
14. Informant Hospital Record Address Suburban Wash.		
15. Filed Nov 8 1923 Ken T. Dittler <small>Registrar</small>		

Medical Certificate of Death

16. Date of death **Nov 7** 192**3**
(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased from **Mar. 14th** 192**3** to **Nov. 7th** 192**3** that I last saw him alive on **Nov 6** 192**3** and that death occurred on the date stated above, at **1:30** p.m. (State the disease causing death, or, in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL).
 The CAUSE OF DEATH was as follows:
READ DETAILS ON OTHER SIDE
31
 (Primary) (See 1 and 3 other side)
Tuberculosis of the lungs
 (Duration) yrs. mos. ds.
 CONTRIBUTORY (Secondary) (See 2 other side)
 (Duration) yrs. mos. ds.

18. Where was disease contracted, if not at the place of death?
 (a) Did an operation precede death? **No** Date of _____
 (b) Was there an autopsy?
 (c) What test confirmed diagnosis?
 (Signed) **E. E. Brady** M. D.
 192... Address **Des Moines, Iowa**

19. Place of Burial, Cremation or Removal **Monroe 100F** Date of Burial **Nov 9** 192**3**
 Address _____

20. Undertaker **E. E. Brady & sons** **Des Moines**

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions. (Insert numbers of unanswered questions)
 DEC 5 1923 (Signature of Undertaker)

a8
s a

M. D.